

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/598595

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2			/		/	
3	2					
4	2					
5	2					
6	①		/		/	
7	①		/		/	
8	①		/		/	
9	①		/		/	
10	①		/		/	
11	1		1		1	
12	①		1		1	
13	1		1		1	
14	1		1		1	
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50						
TOTAL IND.	3	↓	3	↓	3	↓
TOTAL DEP.	14	←	11	←	11	←
TOTAL CLAIMS	17		14		14	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	